

ROBINSON (A.L.)

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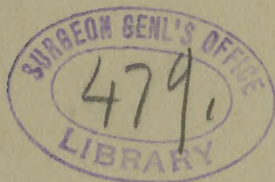
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Fourteenth Week.*

BY ✓

A. L. ROBINSON, M. D.,

SEATTLE, WASH.

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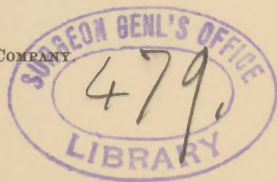
ABORTION *PER VIAS NATURALES* AT THE FOURTEENTH WEEK.*

By A. L. ROBINSON, M. D.,
SEATTLE, WASH.

MRS. F. K., aged twenty-seven, multipara, came under my care about the middle of January, 1892, while suffering with *la grippe*. After the acute symptoms had passed, but while still weak, morning sickness came on. She informed me that her last menstrual period had commenced on November 4, 1891. The vomiting soon became almost constant, and was but slightly modified by any of the numerous remedies employed, which included rectal feeding. Extreme prostration, insomnia, and incipient nephritis made abortion advisable, and the patient, her husband, and other members of the household were so informed. While this procedure was being discussed, the patient told me that for several days small blood-clots had been passing, but that free hæmorrhage had not occurred. On the following day, February 6, 1892, Dr. Montgomery Russell, of this city, was called in consultation, and the previous treatment and proposed operation were approved by him. Ether was administered, and, anæsthesia being obtained, the cervix was exposed and a protruding muco-blood-clot removed. An intense violet color of

* Read before the Seattle Medical Society and Library Association, March 16, 1892.

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the vagina was observed. After dilating the cervical canal a careful examination of the uterine cavity was made. It measured five inches and a quarter from external os to fundus, and its contents were a few small blood-clots only. These were removed. A roughness was noticed at or near the right Fallopian uterine ostium. Dr. Russell's examination confirmed the results of mine. We concluded that the product of conception had died *in utero*, undergone maceration and partial absorption, and the remainder passed with the discharges previously mentioned, which had probably been greater in amount than the patient supposed. The uterine cavity was then syringed out with two quarts of a warm bichloride-of-mercury solution (1 to 3,000), and faradaic electricity applied for fifteen minutes.

That evening it occurred to me that the condition was possibly extra-uterine pregnancy. At my next visit the patient was closely questioned, and it was ascertained that for several weeks dull pains had been emanating from the right iliac fossa and extending downward on the thigh. An extremely offensive discharge from the vagina, which she supposed was leucorrhœa, had continued during this period. At first it was thick and viscid, but recently had become watery and mixed with small blood-clots. Since the cessation of menstruation her subjective symptoms had differed greatly from those of her two former pregnancies, but in what manner she could not clearly state.

An attempt was then made to make a bimanual examination of the pelvic viscera, but fear of pain caused so much protestation that it was not persisted in, for she was so weak and nervous that convulsions were feared. The employment of an anæsthetic was considered unsafe at that time. External palpation gave no positive results, as pressure was not tolerated.

The family was informed of my conjectures, and the various forms of extra-uterine pregnancy with their possible terminations were explained.

The day following the operation the attacks of vomiting decreased in frequency. Nausea and occasional vomiting persisted, consequently but little nourishment could be taken at one time. Rectal feeding, gastric and nerve sedatives, tonics and stimulants were employed, but the general condition was not greatly

improved. Pains emanating from the right iliac fossa continued; also a slight discharge of blood from the uterus. The cavity of the latter was several times explored, the blood-clots found therein removed, and warm bichloride injections made.

On the evening of February 17, 1892, eleven days after first examining the uterus, I was sent for in haste. Considerable pains had been experienced all that afternoon, commencing in the right iliac fossa, but later extending to the sacrum and assuming the characteristics of labor pains. Previous to my arrival she had been delivered of an embryo with considerable hæmorrhage. The patient was too much prostrated to permit cleansing the uterus at that time, the pulse being 120 and weak, temperature 100° F. Hæmorrhage was checked by ergotin hypodermically, and brandy and digitalis were ordered. During my visit the following morning a second embryo was passed without pain. Hæmorrhage was inconsiderable. The uterus was at once curetted and a large blood-clot and shreds of membrane removed, as well as small pieces of placenta, which were scraped with difficulty from the location of the right Fallopian uterine ostium. Its cavity was then syringed out with a warm bichloride solution and ergot prescribed.

Examination of the embryos showed them to be of about fourteen weeks' development. They were more than five inches in length, and had evidently been considerably compressed and elongated. The heads were shapeless masses. Membranous nails were forming on fingers and toes. The sexes were not distinguishable.

Hæmorrhage continued daily, at times requiring electricity, astringent and styptic injections, and the administration of ergot, but these measures failed to satisfactorily control it. Examinations of the uterine cavity were several times made, and its only contents, blood-clots, removed.

The patient continued weak, with continual nausea and frequent vomiting. Temperature varied from normal to 99·5° F., and pulse from 95 to 105 and weak. Pain was constantly complained of, mainly on right side of the uterus. Morphine, phenacetin, salol, and gelsemium were frequently administered to modify it.

Laparotomy for the removal of the placenta and membranes was considered, but neither at that time nor at any other was the patient strong enough to justify such an operation.

On February 23d she had a slight chill followed by rise of temperature to 102.5° F. The following morning the temperature was 102° F., pulse 130, respiration 30. The abdomen was considerably distended and tympanitic, severe pain was complained of, and vomiting was more frequent.

Dr. Russell was again called in consultation, and he concurred in my diagnosis of general peritonitis. Turpentine stupes were applied to the abdomen and the "Alonzo Clark opium treatment" was agreed upon and commenced, the patient being closely watched until her tolerance for the drug was ascertained. Respiration increased to 38 that day. The duration of this treatment was ninety hours; one hundred and forty-one grains and a half of pulverized opium were administered, and three grains and three eighths of sulphate of morphine given hypodermically to lessen vomiting. The acute symptoms gradually subsided, and on the evening of February 28th vomiting had not occurred for six hours, abdominal pain and tympanites had disappeared, temperature was normal, pulse 105, respiration 14. Opium was given that night at increasing intervals and then discontinued. On the morning of February 29th I found the patient with temperature of 100° F., pulse 125, respiration 20. The uterine cavity was explored, an entire placenta removed, and it was then syringed out with a warm bichloride solution.* An enema of warm water and soap brought away considerable hardened clay-colored feces. Fifteen grains of sulphate of quinine and cardiac stimulants were given. A tablespoonful of a saturated solution of sulphate of magnesium was ordered every four hours. During the afternoon the temperature fell to 99° F., but the pulse increased in rapidity and feebleness. I remained by the patient's bedside all that night. At 4 A. M., March 1st, the pulse was 150. At 5.20 A. M., shortly after waking from an hour's sleep, death resulted from asthenia.

* A large piece of placenta had been removed from the uterus four days previously.

For some years palpitation of the heart and uneasiness in the cardiac region had at times been complained of. Much prostration had been caused by *la grippe*, and the vomiting of pregnancy following this disease so closely prevented the retention of the tonics and stimulants ordered. But for debility caused by *la grippe* it is believed the patient would have recovered.

Minor details of treatment, etc., have been omitted. It was undoubtedly an interstitial pregnancy on the right side, the growth of the embryos enlarging the Falloppian uterine ostium and permitting their entrance into the uterus. The shape of the uterine cavity, as disclosed by the several examinations, negatives the probability that this was a case of pregnancy in one portion of a uterus bicornis.

A post-mortem examination was not obtained.

Cases of extra-uterine pregnancy with delivery *per vias naturales* are extremely rare. Dr. Charles McBurney reported one in the *New York Medical Journal*, March number, 1878, page 273, and Dr. Cornelius Williams another in the same journal, December number, 1878, page 595, but an examination of the literature at my disposal fails to disclose a case of *multiple* extra-uterine pregnancy with that termination; indeed, I find no cases of *multiple* extra-uterine pregnancy of any variety, though possibly some are of record.

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